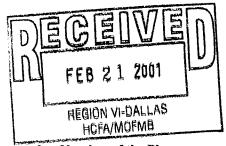
DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION CORRECT	CTED 2/13/01 FORM APPROVED OMB NO. 0938-0193
4	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	9 8 — 0 <u>1 2</u> Arkansas
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 1998
5. TYPE OF PLAN MATERIAL (Check One):	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: 282 a. FFY 1999 \$ 806,293.00
Section 1905(r)	b. FFY 2000 \$ 1,017,674.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED AN SECTION OR ATTACHMENT (If Applicable):
Please see attached listing	Please see attached listing
The Arkansas Title XIX State Plan has been an for Rehabilitative Services for Youth. 11. GOVERNOR'S REVIEW (Check One): X GOVERNOR'S OFFICE REPORTED NO COMMENT	mended to add coverage and reimbursement OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMETAL	
12. SIGNATURE OF STATE AGENT OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Ray Hanley	Division of Medical Services P. O. Box 1437
14. TITLE:	Little Rock, AR 72203-1437
Director, Division of Medical Services	Attention: Binnie Alberius
15. DATE SUBMITTED: July 31, 1998	Slot 1103
FOR REGIONAL O	FFICE USE ONLY
17. DATE RECEIVED: 08-06-(998	18. DATE APPROVED: May 14, 2001
	ONE COPY ATTACHED
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
October 1, 1998 21. TYPED NAME:	100 TITLE
21. ITED MANIE,	22. TITLE: Associate Regional Administrator
Calvin G. Cline	Division of Medicaid and State Operati
	Division of Medicaid and State Operation Food Runt FFU 1999 = \$ 206 28
	Division of Medicaid and State Operation Ford Blunt FFY 1999 = \$806,286 FY 2001 = \$1,017,687
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ATTACHED LISTING FOR ARKANSAS STATE PLAN TRANSMITTAL #98-012

8. Number of the Plan Section or Attachment Number of Superseded Plan Section or Attachment

Attachment 3.1-A, Pages 1x, 1xx, 1xxx, 1xxxx, 1y, 1yy, and 1yyy (7 pages)

None, New Pages

Attachment 3.1-B, Pages 2v, 2vv, 2vvv, 2vvvv, 2w, 2ww, and 2www (7 pages)

None, New Pages

Attachment 4.19-B, Pages 1u and 1uu (2 pages)

None, New Pages

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

CATEGORICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth

ELIGIBILITY FOR SERVICES

The following recipients are eligible for rehabilitative services to youth as set forth in this Section:

- A. General Eligibility
 - 1. Categorically Needy Medicaid recipients.
- B. Specific Eligibility
 - 1. The recipient must be age twenty (20) years or less, and
 - 2. Require rehabilitative mental health services based on recommendation of a physician or other licensed and/or certified practitioner of the healing arts acting within their scope of practice as defined in state law and/or regulations.

DURATION OF SERVICES

Each Title XIX EPSDT recipient is eligible for covered rehabilitative services in accordance with 42 CFR 440.130(d) which are medically necessary. There shall be a determination, made by a youth services agency designated by state law and/or regulations, at Title 9, Chapter 28 of the Arkansas Code to make such a determination, that the youth continues to be either at risk of delinquency or is delinquent and is in need of those services specified at Title 9, Chapter 28 of the Arkansas Code. The Division of Medical Services, as the entity authorized to determine medical necessity, reserves the right to request additional information to determine medical necessity.

STATE <u>Arkansas</u>

DATE REC'D <u>08-06-98</u>

DATE APPV'D <u>05-14-01</u>

DATE EFF <u>10-01-98</u>

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

CATEGORICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)

COVERED SERVICES

A covered service is a specific in-home or out-of-home non-residential or residential rehabilitative service determined to be medically necessary, as defined above, and included in a youth's treatment plan prepared by a qualified/certified provider of rehabilitative services to youth. These services are designed to ameliorate psychological or emotional problems of youth, which contribute to delinquent behavior and placement or the risks of placement in the youth services system. They are designed to restore psychological or emotional functioning of the youth to assist him/her in achieving or maintaining his/her highest functioning level. The following services are covered when provided in a setting appropriate to the plan of care and when care is provided through a certified provider of rehabilitative services for youth.

- Diagnosis and Evaluation This non-residential service provides assessment of the nature and extent of a youth's physical, emotional, educational and behavioral problems and recommendations for treatment strategies to remedy the identified problems. The specific diagnostic services provided and level of sophistication of reports produced are based on the individual needs of the referring agency. Allowable components include:
 - (a) Social assessment,
 - (b) Psychological evaluation,
 - (c) Psychiatric evaluation,
 - (d) Consultation with the referring agency, and
 - (e) A medical evaluation, if the assessment indicates a physical association with the emotional and/or behavioral problem(s).

STATE Arkansas

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DATE EFF 10-01-98

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

CATEGORICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)
 - 2. Therapy This non-residential service provides for a therapeutic relationship between the client and a "qualified therapist" for the purpose of accomplishing changes that are identified as goals in the case plan through the use of various counseling techniques. Services to specific individuals include:
 - (a) Individual therapy,
 - (b) Group therapy,
 - (c) Family therapy (youth included), and
 - (d) Consultation with the referral source.

Qualified therapist is defined as a Master's level professional or Bachelor's level professional supervised by a Master's level clinician, or a Master's level psychologist supervised by a Ph. D. level psychologist who is licensed in the State of Arkansas in either psychology, social work or professional counseling. To be considered as a "Qualified Therapist" the individual must be in good standing before the board to which he or she is licensed.

- 3. Emergency Shelter This residential service provides services for youth whose circumstances or behavioral problems necessitate immediate removal from their homes or for youth released from a youth services facility who need temporary placement in the community until long term residential arrangements can be made. Emergency Shelter services include:
 - (a) Additional evaluation of the nature and extent of a youth's emotional and behavioral problems, including social assessment, psychological evaluation, psychiatric evaluation and consultation with the referring agency, and
 - (b) Interventions to address the youth's emotional and behavioral problems.

The extent and depth of services provided to a youth in the Emergency Shelter program depends upon the individual needs of the youth and the referral source.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

20. Rehabilitative Services to Youth (Continued)

- 4. Therapeutic Foster Care This residential service provides intensive therapeutic care for children provided in family homes which operate within a comprehensive residential treatment system or as an adjunct to a mental health treatment program and for which a service fee is paid to specially trained foster families. Care givers who provide this service in their homes, if not specially trained, are specifically qualified to provide the service because they have an educational or a professional background that attests to qualification equal to or greater than that of care givers who have received special training. Children to whom this service is provided have physical, emotional, or behavioral problems which cannot be remedied in their own home, in a routine foster parenting situation, or in a residential program.
- 5. Therapeutic Group Home This residential service provides twenty-four hour intensive therapeutic care provided in a small group home setting for youth with emotional and/or behavior problems which cannot be remedied by less intensive treatment, as diagnosed by a qualified professional. The program is offered to prepare a juvenile for less intensive treatment, independent living, or to return to the community.
- 6. Residential Treatment This residential service provides twenty-four hour treatment service available for up to one year for each individual, for youth whose emotional and/or behavioral problems, as diagnosed by a qualified professional, cannot be remedied in his or her own home. Residential Treatment services require the formulation and implementation of an individualized treatment plan with time-framed, measurable objectives for each youth.

Qualified professional is defined as a Master's level professional or Bachelor's level professional supervised by a Master's level clinician, or a Master's level psychologist supervised by a Ph. D. level psychologist who is licensed in the State of Arkansas in either psychology, social work or professional counseling. To be considered as a "Qualified Professional" the individual must be in good standing before the board to which he or she is licensed.

STATE Arkansas

DATE REC'D 08-06-98

DATE APPLY 05-14-01

DATE EFF 10-01-98

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

CATEGORICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)

PROVIDER QUALIFICATION

Rehabilitative services for youth will be provided only through qualified providers and provider agencies. Qualified rehabilitative services for youth provider agencies must meet the following criteria. Care is provided by qualified therapists, other qualified professionals and staff, qualified by experience and/or training, of certified rehabilitative services providers for youth. Rehabilitative services providers for youth must:

- 1. Be certified by the State Youth Services Agency as having programs and professional staff capable of delivering the rehabilitative services offered under the Plan,
- 2. Have full access to all pertinent records concerning the youth's needs for services including records of the Arkansas District Courts, local Youth Service Agencies, and State Youth Services Agency,
- 3. Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population,
- 4. Have a minimum of one year's experience in providing rehabilitative services for youth,
- 5. Have an administrative capacity to ensure quality of services in accordance with State and Federal requirements,
- 6. Have a financial management capacity and system that provides documentation of services and costs in conformity with generally accepted accounting principles,
- 7. Have a capacity to document and maintain individual case records in accordance with State and Federal requirements, and

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ATTACHMENT 3.1-A Page 1yy

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

CATEGORICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)
 - 8. Have a demonstrated ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program, including the ability to meet Federal and State requirements for documentation, billing and audits.

SERVICE SETTINGS

Rehabilitative services for youth will be provided in the least restrictive setting appropriate to the youth's assessed condition, plan of care and service. Services shall be provided to youth in one or more of the following settings:

- 1. Non-residential services provided to youth who reside in a family home setting will be provided either in the youth's home or in the customary place of business of a qualified provider.
- 2. Residential services provided to youth who reside outside of a family home will be provided in an appropriately state licensed and/or certified setting including:
 - (a) Emergency shelter facilities licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services,
 - (b) Residential treatment facilities licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services, and
 - (c) Therapeutic foster and group homes licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services.

STATE Arkansas

DATE REC'D 03-06-98

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

CATEGORICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)

SERVICE SETTINGS(Continued)

- 3. Services shall not be reimbursed when provided in the following settings:
 - (a) Nursing facilities,
 - (b) Intermediate care facilities for the mentally retarded, and
 - (c) Institutions for the treatment of mental diseases.

FREEDOM OF CHOICE

The State assures that the provision of rehabilitative services for youth will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible recipients will have free choice of any the qualified providers of rehabilitative services for youth, and
- 2. Eligible recipients will have free choice of the providers of other medical care as covered elsewhere under the Plan.

COMPARABILITY OF SERVICES

The State assures that the provision of rehabilitative services for youth will not limit an individual's access to medically necessary services in violation of section 1902(a)(10) of the Act.

- 1. Rehabilitative services for youth will be made available to all children for whom this service is determined to be medically necessary, and
- 2. All medically necessary health care services described in section 1905(a) will be provided to all EPSDT eligible recipients.

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DATE REC'D 03-06-98

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ATTACHMENT 3.1-B Page 2v

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

MEDICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth

ELIGIBILITY FOR SERVICES

The following recipients are eligible for rehabilitative services to youth as set forth in this Section:

- A. General Eligibility
 - 1. Medically Needy Medicaid recipients.
- B. Specific Eligibility
 - 1. The recipient must be age twenty (20) years or less, and
 - 2. Require rehabilitative mental health services based on recommendation of a physician or other licensed and/or certified practitioner of the healing arts acting within their scope of practice as defined in state law and/or regulations.

DURATION OF SERVICES

Each Title XIX EPSDT recipient is eligible for covered rehabilitative services in accordance with 42 CFR 440.130(d) which are medically necessary. There shall be a determination, made by a youth services agency designated by state law and/or regulations, at Title 9, Chapter 28 of the Arkansas Code to make such a determination, that the youth continues to be either at risk of delinquency or is delinquent and is in need of those services specified at Title 9, Chapter 28 of the Arkansas Code. The Division of Medical Services, as the entity authorized to determine medical necessity, reserves the right to request additional information to determine medical necessity.

STATE ACKANSAS

DATE REC'D 08-06-98

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SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

MEDICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)

COVERED SERVICES

A covered service is a specific in-home or out-of-home non-residential or residential rehabilitative service determined to be medically necessary, as defined above, and included in a youth's treatment plan prepared by a qualified/certified provider of rehabilitative services to youth. These services are designed to ameliorate psychological or emotional problems of youth, which contribute to delinquent behavior and placement or the risks of placement in the youth services system. They are designed to restore psychological or emotional functioning of the youth to assist him/her in achieving or maintaining his/her highest functioning level. The following services are covered when provided in a setting appropriate to the plan of care and when care is provided through a certified provider of rehabilitative services for youth.

- 1. Diagnosis and Evaluation This non-residential service provides assessment of the nature and extent of a youth's physical, emotional, educational and behavioral problems and recommendations for treatment strategies to remedy the identified problems. The specific diagnostic services provided and level of sophistication of reports produced are based on the individual needs of the referring agency. Allowable components include:
 - (a) Social assessment,
 - (b) Psychological evaluation,
 - (c) Psychiatric evaluation,
 - (d) Consultation with the referring agency, and
 - (e) A medical evaluation, if the assessment indicates a physical association with the emotional and/or behavioral problem(s).

STATE Arkansas

DATE REC'D 08-06-98

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

MEDICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)
 - 2. Therapy This non-residential service provides for a therapeutic relationship between the client and a "qualified therapist" for the purpose of accomplishing changes that are identified as goals in the case plan through the use of various counseling techniques. Services to specific individuals include:
 - (a) Individual therapy,
 - (b) Group therapy,
 - (c) Family therapy (youth included), and
 - (d) Consultation with the referral source.

Qualified therapist is defined as a Master's level professional or Bachelor's level professional supervised by a Master's level clinician, or a Master's level psychologist supervised by a Ph. D. level psychologist who is licensed in the State of Arkansas in either psychology, social work or professional counseling. To be considered as a "Qualified Therapist" the individual must be in good standing before the board to which he or she is licensed.

- 3. Emergency Shelter This residential service provides services for youth whose circumstances or behavioral problems necessitate immediate removal from their homes or for youth released from a youth services facility who need temporary placement in the community until long term residential arrangements can be made. Emergency Shelter services include:
 - (a) Additional evaluation of the nature and extent of a youth's emotional and behavioral problems, including social assessment, psychological evaluation, psychiatric evaluation and consultation with the referring agency, and
 - (b) Interventions to address the youth's emotional and behavioral problems.

The extent and depth of services provided to a youth in the Emergency Shelter program depends upon the individual needs of the youth and the referral source.

STATE Arkansas

DATE REC'S 08-06-98

DATE APPRIS 05-14-01

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SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

MEDICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

20. Rehabilitative Services to Youth (Continued)

- 4. Therapeutic Foster Care This residential service provides intensive therapeutic care for children provided in family homes which operate within a comprehensive residential treatment system or as an adjunct to a mental health treatment program and for which a service fee is paid to specially trained foster families. Care givers who provide this service in their homes, if not specially trained, are specifically qualified to provide the service because they have an educational or a professional background that attests to qualifications equal to or greater than that of care givers who have received special training. Children to whom this service is provided have physical, emotional, or behavioral problems which cannot be remedied in their own home, ina routine foster parenting situation, or in a residential program.
- 5. Therapeutic Group Home This residential service provides twenty-four hour intensive therapeutic care provided in a small group home setting for youth with emotional and/or behavioral problems which cannot be remedied by less intensive treatment, as diagnosed by a qualified professional. The program is offered to prepare a juvenile for less intensive treatment, independent living, or to return to the community.
- 6. Residential Treatment -This residential service provides twenty-four hour treatment service available for up to one year for each individual, for youth whose emotional and/or behavioral problems, as diagnosed by a qualified professional, cannot be remedied in his or her own home. Residential Treatment services require the formulation and implementation of an individualized treatment plan with time-framed, measurable objectives for each youth.

Qualified professional is defined as a Master's level professional or Bachelor's level professional supervised by a Master's level clinician, or a Master's level psychologist supervised by a Ph. D. level psychologist who is licensed in the State of Arkansas in either psychology, social work, or professional counseling. To be considered as a "Qualified Professional" the individual must be in good standing before the board to which he or she is licensed.

STATE Arkansas

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ATTACHMENT 3.1-B Page 2w

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

MEDICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)

PROVIDER QUALIFICATION

Rehabilitative services for youth will be provided only through qualified providers and provider agencies. Qualified rehabilitative services for youth provider agencies must meet the following criteria. Care is provided by qualified therapists, other qualified professionals and staff, qualified by experience and/or training, of certified rehabilitative services providers for youth. Rehabilitative services providers for youth must:

- 1. Be certified by the State Youth Services Agency as having programs and professional staff capable of delivering the rehabilitative services offered under the Plan,
- 2. Have full access to all pertinent records concerning the youth's needs for services including records of the Arkansas District Courts, local Youth Service Agencies, and State Youth Services Agency,
- 3. Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population,
- 4. Have a minimum of one year's experience in providing rehabilitative services for youth,
- 5. Have an administrative capacity to ensure quality of services in accordance with State and Federal requirements,
- 6. Have a financial management capacity and system that provides documentation of services and costs in conformity with generally accepted accounting principles,
- 7. Have a capacity to document and maintain individual case records in accordance with State and Federal requirements, and
- 8. Have a demonstrated ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program, including the ability to meet Federal and State requirements for documentation, billing and audits.

STATE Arkansas

DATE REC'D 08-06-98

DATE APPLY 05-14-01

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ATTACHMENT 3.1-B Page 2ww

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

MEDICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)

SERVICE SETTINGS

Rehabilitative services for youth will be provided in the least restrictive setting appropriate to the youth's assessed condition, plan of care and service. Services shall be provided to youth in one or more of the following settings:

- 1. Non-residential services provided to youth who reside in a family home setting will be provided either in the youth's home or in the customary place of business of a qualified provider.
- 2. Residential services provided to youth who reside outside of a family home will be provided in an appropriately state licensed and/or certified setting including:
 - (a) Emergency shelter facilities licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services,
 - (b) Residential treatment facilities licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services, and
 - (c) Therapeutic foster and group homes licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services.
- 3. Services shall not be reimbursed when provided in the following settings:
 - (a) Nursing facilities,
 - (b) Intermediate care facilities for the mentally retarded, and
 - (c) Institutions for the treatment of mental diseases.

STATE A-KANSAS

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

October 1, 1998

MEDICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
 - 20. Rehabilitative Services to Youth (Continued)

FREEDOM OF CHOICE

The State assures that the provision of rehabilitative services for youth will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

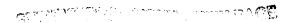
- 1. Eligible recipients will have free choice of any the qualified providers of rehabilitative services for youth, and
- 2. Eligible recipients will have free choice of the providers of other medical care as covered elsewhere under the Plan.

COMPARABILITY OF SERVICES

The State assures that the provision of rehabilitative services for youth will not limit an individual's access to medically necessary services in violation of section 1902(a)(10) of the Act.

- 1. Rehabilitative services for youth will be made available to all children for whom this service is determined to be medically necessary, and
- 2. All medically necessary health care services described in section 1905(a) will be provided to all EPSDT eligible recipients.

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ATTACHMENT 4.19-B Page 1u

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

October 1, 1998

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(23) Rehabilitative Services to Youth

A. Unit Rate Establishment

Unit rates for rehabilitative services to youth will be determined as follows:

Compute the Actual cost of rehabilitative services billed and approved for payment during the most recently completed 6 month period for which actual

costs data exists.

Divided by Number of units billed and approved for payment in the sample period.

Less The daily room and board costs for residential based services.

Equals Average unit cost for rehabilitative services. This unit cost will be billed for each unit of rehabilitative services that each Medicaid recipient receives each month. Documentation of the units of rehabilitative services delivered will be retained in the client files.

These rehabilitative service rates will be reviewed annually at the beginning of each State Fiscal Year to determine if an adjustment is necessary. Such adjustment will be made on a prospective basis only, utilizing the same methodology. Starting with State Fiscal Year 2002, room and board costs for residential settings will be increased by the lesser of the most recent CPI or the overall average percentage increase paid for services in the preceding State Fiscal Year.

- B. Rehabilitation services for youth will be provided in the least restrictive setting appropriate to the youth's assessed condition, plan of care and service. Services shall be provided to youth in one or more of the following settings:
 - Non-residential services provided to youth who reside in a family home setting will be provided either in the youth's home or in the customary place of business of a qualified provider.
 - 2. Residential services provided to youth who reside outside of a family home will be provided in an appropriately state licensed and/or certified facility including:

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

October 1, 1998

- 4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)
 - (23) Rehabilitative Services to Youth (Continued)
 - (a) Emergency shelter facilities licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services, and
 - (b) Residential treatment facilities licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services, and
 - (c) ' Therapeutic foster and group homes licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services.
 - 3. Services shall not be reimbursed when provided in the following settings:
 - (a) Nursing facilities,
 - (b) Intermediate care facilities for the mentally retarded, and
 - (c) Institutions for the treatment of mental diseases.

STATE ACKANSAS

DATE REC'D 08-06-98

DATE APPVO 05-14-01

DATE EFF 10-01-98

HCFA 179 AR-98-13

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